

## SUBCONTRACTORS QUARTERLY PROGRESS PAYMENTS

<b>Report For:</b> <input type="checkbox"/> Jan 1-Mar 31 <input type="checkbox"/> Apr 1- Jun 30 <input type="checkbox"/> Jul 1- Sep 30 <input type="checkbox"/> Oct 1- Dec 31	CONTRACT NUMBER _____ CONTRACTOR NAME _____ PROJECT NAME _____ DBE GOAL _____ % PAID TO PRIME CONTRACTOR TO DATE \$ _____
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DBE FIRMS	SEX	ETHNIC	TYPE OF WORK/SERVICE	QUARTER PAYMENT	PAYMENT TO DATE	CONTRACT AMOUNT

OTHER FIRMS	TYPE OF WORK/SERVICE	QUARTER PAYMENT

I certify that the above information is true and accurate to the best of my knowledge and understand that if I misrepresent or falsify such information, I may be subject to civil and or criminal prosecution under Title 18 United State Code Section 1001.

Authorized Signature

Print Name and Title

Date